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PARENTING UNDER STRESS: EXAMINING THE PROTECTIVE ROLE OF PARENTING
SELF-EFFICACY IN A HIGH-RISK ENVIRONMENT

A dissertation
presented in fulfillment
for the degree of doctorate of philosophy
in the Department of Psychology
The University of Mississippi

by

LINDSY MAGEE

December 2016

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ABSTRACT

Research has demonstrated that risk factors such as poverty, neighborhoods that are lacking in resources and high in danger, and experiences with racism can compromise a parent's ability to engage in parenting behavior that results in the most favorable child outcomes. It has also demonstrated that African American mothers are much more likely to face these risk factors. While research has demonstrated the protective effect of parenting self-efficacy against poverty's influence on parenting behaviors, it has not examined whether or not parenting self-efficacy serves as a buffer against other risk factors. As such, it is the purpose of this study to investigate the ability of parenting self-efficacy to buffer the effects of negative neighborhood characteristics and race-related stress on parenting behaviors that have been shown to be universally beneficial for positive child development.

This study examined the survey responses of 97 African American mothers living in the Mississippi Delta. As hypothesized, findings revealed that mothers who were less socially connected and involved in their neighborhood also engaged in less authoritative parenting practices. A significant relationship between the other risk factors and authoritative parenting was not found. While a positive association between parenting self-efficacy and authoritative parenting was found, parenting self-efficacy was not found to be a significant predictor of authoritative parenting. In addition, parenting self-efficacy was not found to moderate the

relationship between any of the risk factors and authoritative parenting. It is important to note that due to missing data, the sample size of this study was small for many analyses; therefore, there may not have been sufficient power to detect hypothesized effects.

DEDICATION

This dissertation is dedicated to my mom, Laurie Magee, my sister, Holly Magee, and my grandparents, George and Lola Magee. Without their continual encouragement and cheerleading over the last six years, there is no doubt this would not have been possible.

LIST OF ABBREVIATIONS AND SYMBOLS

ANCOVA	Analysis of Covariance
ANOVA	Analysis of Variance
CPRBI-30	Children's Report of Parental Behavior Inventory
DHS	Department of Human Services
GED	General Education Development
IRRS-B	Index of Race Related Stress Brief Version
Little's MCAR	Little's Missing Completely at Random Test
<i>M</i>	Mean
MVA	Missing Values Analysis
NQ	Neighborhood Questionnaire
PSOC	Parenting Sense of Competence Scale
<i>SD</i>	Standard Deviation
TANF	Temporary Assistance for Needy Families

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I. PARENTING

Coleman & Karraker (1998) describe parenting as one of the most challenging and demanding social roles, largely because of the vast amount of time and energy it requires. Recognition of not only how difficult a task parenting is but also how important parenting behaviors are in determining successful child outcomes has resulted in decades of research on the topic.

Parenting Behaviors and Child Outcomes. Researchers have been especially interested in determining what type of parenting benefits children the most. In Baumrind's studies of preschool children, she found that a particular style of parenting was associated with children who were the most socially responsible and independent (Baumrind, 1967; Baumrind, 1971; Skinner, Johnson & Snyder, 2005). Labeling this style of parenting as "authoritative," she defined it in terms of parents who maintained firm control of their child while also displaying warmth and considering their child's unique perspective (Baumrind, 1978). Baumrind contrasted this authoritative parenting style with several others, which she found were associated with less favorable child outcomes. For example, she identified parents who had high control over their children's behavior but displayed little warmth and did little to include their children in decision making, labeling this style as "authoritarian," and she also identified parents who displayed

warmth towards their children but had little to no control over their behavior, labeling this style as “permissive” (Baumrind, 1978, p. 9).

Subsequent parenting research has continued to identify parenting behaviors and child outcomes similar to those described by Baumrind. Rollins & Thomas’ (1979) review of parenting literature from the previous four decades concluded that parents who were supportive, warm, and sought to gain their child’s compliance through discussion about behavior expectations had children with higher social competence than did parents who used punitive or harsh means to gain child compliance. In their summarization of prior parenting research, Skinner, Johnson, & Snyder (2005) identified three parenting characteristics as “core features of parenting style” (p. 184). The first characteristic was warmth versus rejection, with warm parenting describing a parent who shows love, acceptance, and caring while rejecting parenting describes a parent who is hostile, harsh, and expressive of disapproval. The second characteristic identified was structure versus chaos, with structure describing a parent who sets “clear expectations for mature behavior” and chaos describing a parent who fails to set clear limits and inconsistently applies them (p. 186). Finally, they identified the characteristic of autonomy support versus coercion. Parents who display autonomy support explain the rules to their child and may allow the child to express his or her own view when it is appropriate while coercive parents demand compliance with few attempts to solicit child participation or to consider their child’s perspective.

Research has continued to support the idea that authoritative parenting, or parenting that is warm, structured, and supports child autonomy, is associated with a variety of positive child outcomes. Examining the core characteristics of parenting in relation to child outcomes, Skinner, Johnson & Snyder (2005) found that warmth, structure, and autonomy support were all

positively correlated with how connected a child felt to their parent, how competent they felt academically, and how engaged they were in the classroom. In contrast, parental rejection, chaos, and coercion were negatively correlated with these same child outcomes. Research shows that authoritative parenting produces competent children, as evidenced by better mental health, appropriate independence, willingness to cooperate with others, fewer conduct problems, less substance use, improved academic performance, higher self-esteem, and the development of moral reasoning (Amato & Fowler, 2002; Darling & Steinberg, 1993; Holmbeck, Paikoff, & Brooks-Gunn, 1995; Steinberg 2001). On the other hand, the use of coercive and harsh discipline by parents, such as scolding, threatening, and hitting, has been associated with increased child conduct problems and antisocial behavior (Holmbeck, Paikoff, & Brooks-Gunn, 1995; Simons et al., 2002).

Cultural Considerations. Amato & Fowler (2002) point out that a large majority of the parenting studies used to define “good parenting” have been composed of middle class, Caucasian samples, which leads one to question whether authoritative parenting actually produces the best outcomes for all children, regardless of socioeconomic status or race. In his study of the impact of parenting style on children of different races, Steinberg (2001) found that while African American and Asian American children were not negatively affected by authoritarian parenting, neither did they benefit from it. On the other hand, authoritative parenting positively benefitted the development of all children in the study, regardless of their race. The only exception was in the area of academic performance, in which minority children did not benefit from authoritative parenting in the same manner that Caucasian children did. Looking at parent discipline among African American children, Simons et al. (2002) hypothesized that corporal punishment (i.e., physical discipline) may be more effective in

communities that are more dangerous. While findings showed that the negative effects of corporal punishment, namely increased child deviance, did not occur in children who lived in communities where corporal punishment was more common, they did not show that corporal punishment reduced deviant behavior in children, regardless of where they lived or how dangerous their neighborhood was. In other words, while corporal punishment was not found to be harmful for all children, it also was not found to be helpful for any. Using a nationally representative sample of children, Amato & Fowler (2002) found that parents who were highly supportive, monitored their children, and did not use harsh punishment had children who were less likely to be engaging in deviant behavior five years later, regardless of differences in race, socioeconomic status, education level, and marital status. Research lends support to the idea that authoritative parenting is indeed universally beneficial for child development (Steinberg, 2001).

II. FACTORS THAT PUT PARENTING AT RISK

Poverty. Numerous studies have detailed the deleterious effects of poverty on parenting practices, and research has shown that socioeconomic status has more influence over what kind of discipline a parent uses than does ethnicity (Pinderhughes et al., 2000). In particular, low socioeconomic parents are more likely to report believing in the efficacy of physical punishment and are more likely to use punitive and “power-assertive techniques” when disciplining their children (Conger et al., 1994; Gabarino & Kostelny, 1993; McLoyd, 1990, pg. 322; Pinderhughes et al., 2000; Smith et al., 2001; Slack et al., 2004). They are also less likely to use consistent discipline, reason and talk with their children about discipline, verbally praise their children for desirable behavior, ignore their children’s negative behavior, and express affection towards their children (Bradley et al., 2001; Conger et al., 1994; Gabarino & Kostelny, 1993; McLoyd, 1990).

A predominant explanation for poverty’s negative influence on parenting is the “family stress model,” which describes how stressful life events experienced by low socioeconomic parents negatively affect their interactions with their children and result in less adequate parenting (Berger, 2007; Kotchick, Dorsey, & Heller, 2005; McLoyd 1990; Slack et al., 2004; Taylor, 1997). Indeed, in their longitudinal study of single mother families, Kotchick, Dorsey & Heller (2005) found that mothers reporting high maternal distress at initial measurement were

less likely to be using positive parenting practices, such as monitoring their child's activities and using consistent discipline, fifteen months later. Murry et al. (2008) examined the effects of stressors on African American mothers across a period of four years and found that while stressful life events were associated with higher maternal distress and therefore less positive parenting behaviors, mothers who experienced a decrease in psychological distress through the use of positive coping strategies and increases in relationship well-being with their romantic partner engaged in more positive parenting practices, such as warmth, behavior monitoring, engaging in discussions of the rules, and helping their children to problem-solve. In her review of the effects of economic hardship on African American families, McLoyd (1990) concludes that low socioeconomic mothers often experience increased anxiety, irritability, and depression due to the many stressors they must confront, and therefore have fewer psychological resources to engage in positive parenting practices.

Neighborhood Characteristics. Developmental psychology has increasingly adopted a contextual framework, which acknowledges that there are multiple risk and protective factors present in a child's environment that influence his or her development. This has led researchers to begin examining the effects of various neighborhood characteristics on child development (Leventhal & Brooks-Gunn, 2000). Neighborhood studies have employed various techniques to ensure that neighborhood variables are not confounded with individual variables such as income, education, race, or family structure. For example, some neighborhood studies have controlled for these variables when estimating neighborhood effects, while others have implemented experimental or quasi-experimental designs. Large scale neighborhood studies such as the Yonkers Project or the U.S. Department of Housing and Urban Development's Moving to Opportunity project randomly assign some low income families to relocate to more affluent

neighborhoods while others remain in less affluent neighborhoods, thereby allowing the estimation of neighborhood effects with more confidence (Leventhal & Brooks-Gunn, 2000).

Results of these neighborhood studies have shown that even after taking into account individual family characteristics, children who live among high-socioeconomic neighbors tend to have higher school achievement, fewer externalizing problems, less involvement in criminal activity, and fewer nonmarital births (Leventhal & Brooks-Gunn, 2000). Gabarino, Bradshaw & Kostelny (2005) point out that much of a neighborhood's influence on a child comes through parents, as parents are negatively impacted by neighborhoods that are low in resources and high in stress. This is especially unfortunate, since for children living in a high risk and resource poor neighborhoods, parenting behavior becomes especially crucial in producing positive child outcomes (Gabarino, Bradshaw, Kostelny, 2005). In a study examining how neighborhood variables affect mothers, Klebanov, Brooks-Gunn & Duncan (1994) found that even after controlling for individual family characteristics, including poverty, living in a poor neighborhood was associated with lower maternal warmth. Pinderhughes et al. (2001) found that parents who reported being dissatisfied with the public services in their neighborhood and who reported living in a dangerous neighborhood were significantly more likely to engage in harsh interactions with their children. When examining ethnic differences in parenting, Pinderhughes et al. (2001) found that after controlling for neighborhood variables, such as residential stability, satisfaction with public services, social networks, and danger, racial differences in parenting disappeared. Across racial groups and urban vs. rural settings, it was neighborhood characteristics that were ultimately responsible for parental discipline style and warmth. As Pinderhughes et al. (2001) point out, parents living with the constant stress of inadequate and unsafe neighborhoods may simply lack the necessary energy to consistently engage in positive parenting practices.

Race-Related Stress. Landrine and Klonoff (1996) suggest that African Americans in our society experience frequent racist and discriminatory events, which serve as demeaning and stressful attacks on their well-being. In their sample of 153 African Americans, they highlighted just how common the experience of racism is in the lives of African Americans. Over 98% of their sample reported experiencing some form of racial discrimination in the past year, while 100% reported experiencing racial discrimination in their lifetime. The most common event reported was being discriminated against by strangers in places such as a restaurant or a store, and over 60% reported also being discriminated against by institutions such as a university or bank. Eighty percent of the sample reported being called a racist name in their lifetime, and over 50% reported experiencing either physical violence or the threat of physical violence because of their race. Finally, 70% of the sample reported feeling angry about a racist event in the past year, and 99% of the sample reported that racial discrimination is a stressful experience.

Landrine and Klonoff (1996) report that according to the National Institute of Mental Health, anger related to racist experiences is the most common presenting problem for African Americans who desire psychotherapy. In their own examination of the relationship between racism events and mental health, they found that African Americans who scored high on a checklist of psychiatric symptoms were more likely to report having experienced racial discrimination in the past year and were more likely to report it as being a stressful experience. In addition, African Americans who engaged in the stress-related behavior of smoking were also more likely to report experiencing racial discrimination and to perceive it as stressful (Landrine & Klonoff, 1996). Furthermore, research demonstrates that African Americans who report more discrimination experiences also report less overall well-being and satisfaction with their lives (Williams et al., 1997; Williams & Williams-Morris, 2000). Echoing these findings, Brown et al.

(2000) found that, in a national survey of African Americans, reports of racial discrimination were related to increased psychological distress, including things such as feeling under pressure, upset, in low spirits, depressed, nervous, anxious, and unable to relax. In their explanation of racial health disparities between African Americans and Caucasian Americans, Dressler, Oths & Gravlee (2005) concluded that African Americans experience chronic stress as a result of social and economic inequalities they face.

As stressful life events have been associated with reduced quality of parenting, it follows that race related stress is likely to have a negative impact on parenting as well. While few studies have directly examined the relationship between discrimination experiences and parenting behavior, those that have support the idea that the experience of racial discrimination negatively affects parenting. For example, Murry et al. (2008) found that perceived discrimination in African American women was associated with increased negative emotionality and impaired psychological functioning, which impacted both their relationship with their significant other and their parenting practices. In attempting to explain the sequence of events that lead to racism's affect on parenting, Brody et al. (2008) found that perceived discrimination led to increases in a mother's health problems, which predicted more depressive symptoms, which finally led to less quality parenting. To address these negative effects, Brody et al. (2008) called for future research on variables that may lessen the impact of perceived discrimination on African American mothers.

III. THE PROTECTIVE ROLE OF SELF-EFFICACY

Self-Efficacy. Bandura (1977) defines self-efficacy as the “belief in one’s ability to successfully perform a particular behavior” (p. 49). When an individual is faced with an event in his environment, he appraises not only the event but also his personal ability to deal with the event; therefore, determining whether or not an event is a threat is a subjective process, dependent on an individual’s perception of his ability to handle the event (Bandura, 1990; Chwalisz, Altmaier, & Russell, 1992). When faced with threats or difficult tasks, individuals who have a high sense of self-efficacy are more likely to believe that they can act upon their environment and achieve the desired outcome (Chwalisz, Altmaier, & Russell, 1992). In contrast, individuals with low self-efficacy have little belief in their ability to control their environment (Bandura, 1995). Due to these differing perceptions, individuals with high self-efficacy are more likely to view stress in their lives as controllable, while individuals with low self-efficacy are more likely to feel as if they have little control over things that negatively affect their lives, which inevitably leads to despair. (Bandura, 1995; Chwalisz, Altmaier, & Russell, 1992).

Research has demonstrated the numerous ways in which individuals with high vs. low self-efficacy differ. Bandura, Reese, & Adams (1982) found that subjects with higher self-

efficacy reported less fear and distress during challenging tasks and actually had less autonomic arousal during these tasks than did subjects with lower self-efficacy. Individuals with low vs. high self-efficacy may actually differ in the way that they interpret emotional and physiological arousal, with high self-efficacy individuals interpreting arousal in a way that enhances their performance and low self-efficacy individuals interpreting arousal as distressing, which harms their performance (Bandura, 1995). Furthermore, self-efficacy has been found to have an impact on physical and mental health, as the constant autonomic arousal that accompanies low self-efficacy activates stress-hormones, which, over time, can lead to a suppression of the immune system (Bandura 1990; Bandura 1995). In their study of migrants to the United States, Jerusalem & Mittag (1995) found that migrants who had higher self-efficacy were more likely to perceive the difficulties they encountered as challenges rather than threats, and they also reported less anxiety and fewer health problems than migrants with lower self-efficacy. Chwalisz, Altamaier, & Russell (1992) found that self-efficacy determined coping styles, with teachers who had higher self-efficacy engaging in more problem-focused coping strategies and teachers who had lower self-efficacy engaging in more emotion-focused coping strategies, which were associated with higher reports of burnout. As Bandura (1989) points out, individuals with high self-efficacy are more likely to visualize “success scenarios,” while individuals with low self-efficacy are more likely to visualize “failure scenarios” (p. 729). Unfortunately, concentrating on potential failure robs individuals with low self-efficacy of the mental energy needed to solve the task (Bandura, 1989). Indeed, when faced with challenging tasks, individuals with low self-efficacy are quicker to scale back their efforts or give up, while individuals with high self-efficacy actually increase their efforts (Bandura, 1995).

Parenting Self-Efficacy. Given that self-efficacy research is often focused on individuals facing challenging tasks or situations, its extension to the domain of parenting comes as no surprise. Parenting, particularly in the midst of stressful circumstances, is incredibly challenging, and as Bandura (1990) states, parents must have a strong sense of personal efficacy in order to persevere in this role. While Bandura conceptualizes self-efficacy in relation to specific tasks and domains rather than as a global characteristic, there is not yet a consensus about which level of analysis provides the best measure of self-efficacy as it pertains to parenting (Bandura, 1989; Coleman & Karraker, 2001). However, self-efficacy measured at the domain or task level is thought to be a better predictor of behavior than self-efficacy measured at the global level; therefore, many parenting studies choose to measure self-efficacy in relation to the domain of parenting rather than as a global characteristic (Bandura, 1989; Coleman & Karraker, 2001).

Coleman & Karraker (2001) define parenting self-efficacy as “parents’ perceptions of their ability to positively influence the behavior and development of their children” (p. 13). Furthermore, they describe efficacious parents as those who possess the knowledge and confidence to appropriately respond to their child’s needs as well as the belief that their child will respond to their efforts (Coleman & Karraker, 2001). Several studies have outlined the powerful influence of parenting self-efficacy on parenting behaviors. In their observations of mothers interacting with their hyperactive children, Mash & Johnston (1983) found that mothers who were high in parenting self-efficacy were more “active and directive” with their children during task situations (p. 10). Studying a sample of inner-city families, Elder (1995) found that African American parents high in parenting self-efficacy were more likely to engage in preventive and promotive parenting strategies, such as warning their children about danger and involving them in positive activities outside of the home. In a parent skills training program to

prevent teenage drug use, Spoth et al. (1995) found that higher self-efficacy among mothers predicted better outcomes at the conclusion of the training. Self-efficacy has also been shown to buffer the impact of certain risk factors on parenting. For example, in their study of head start mothers, Raikes & Thompson (2005) demonstrated that self-efficacy serves as a buffer between poverty and parenting stress, such that mothers who were equally economically disadvantaged but reported higher self-efficacy had less parenting stress than mothers who reported lower self-efficacy. They hypothesized that parents with higher self-efficacy feel more in control of their lives and therefore experiences less stress, despite being economically disadvantaged. While Cutrona & Troutman (1986) found that social support was a buffer against postpartum depression in mothers of infants with difficult temperaments, it was only through social support's positive influence on maternal self-efficacy that postpartum depression was lowered. Finally, in their study of maternal competence, Teti & Gelfand (1991) found that factors such as socioeconomic status, child temperament, and maternal depression no longer had an effect on maternal competence once the influence of maternal self-efficacy was considered. Based on this finding, they concluded that the variables that are often assumed to directly harm parenting actually do so through their detrimental affect on parents' sense of competence.

IV. GOALS OF THE PRESENT STUDY

As described above, stress in the lives of parents can have a negative impact on their ability to parent their children competently. In particular, factors like poverty, neighborhoods that are lacking in resources and high in danger, and experiences with racism can seriously compromise a parent's ability to engage in the types of parenting behaviors that research has demonstrated result in the best child outcomes. The effects of these factors are particularly profound on African American mothers and their children, as African American children are ten times more likely to live in a poor neighborhood with inadequate resources and are much more likely to remain in poverty than their Caucasian counterparts (McLoyd, 1990; McLoyd 1998; Leventhal & Brooks-Gunn, 2000; Taylor, 1997).

Although there has been some research on the relationship between these risk factors and parenting behavior in African American mothers, there has been less research on factors that may buffer the effects of these all too common stressors. Furthermore, while an important long-term goal may be to implement societal changes that reduce the incidence of African American mothers and children who live in these stressful conditions, it is also important to look towards internal protective factors that may provide a more immediate buffer against them (Kotchick, Dorsey, & Heller, 2005). Research has demonstrated the protective effect of parenting self-

efficacy against poverty's influence on parenting behaviors, but it has not examined its ability to buffer the effects of neighborhood characteristics and racism on parenting behaviors. Therefore, it is the purpose of this study to investigate the ability of parenting self-efficacy to buffer the effects of negative neighborhood characteristics and race related stress on parenting behaviors that have been shown to be universally beneficial for positive child development. The hypotheses of this study are:

- 1) The parenting risk factors of poverty, negative neighborhood characteristics (i.e., danger, dissatisfaction with public services, and lack of neighborhood social networks), and race-related stress will predict less engagement in authoritative parenting behavior.
- 2) Parenting self-efficacy will predict more engagement in the authoritative parenting behavior.
- 3) Mothers who report the parenting risk factors of poverty, negative neighborhood characteristics (i.e., danger, dissatisfaction with public services, and lack of neighborhood social networks), and/or race-related stress but who also report high parenting self-efficacy will be more likely to engage in authoritative parenting behavior than mothers who report these same risk factors but do not report high parenting self-efficacy.

V. METHODS

Participants

Participants were 131 African American mothers who lived in the Mississippi Delta with at least one child between the ages of 3 and 18. Twenty-three of these participants did not report having children within the specified age range; therefore, they were excluded from the study. Six of these participants completed a survey packet that contained an error in the instructions for the Parenting Sense of Competence Scale; therefore, they were also excluded from the study. Four of these participants did not sufficiently complete the survey packet (i.e., they did not complete at least one measure in the packet); therefore, they were excluded from the study. Finally, one of these participants was not over the age of 18; therefore, she was excluded from the study. Final participants included in the analyses were 97 African American mothers over the age of 18 who lived in the Mississippi Delta and had at least one child between the ages of 3 to 18 years old.

The mean year participants were born was 1983 ($SD = 7.98$; range 1959 to 1996). Half of the participants lived in Clarksdale (50.5%), 7.2% lived in Jonestown, 5.2% lived in Quitman, 5.2% lived in Shelby, 4.1% lived in Charleston, 4.1% lived in Coahoma County, 4.1% lived in Marks, 3.1% lived in Webb, 2.1% lived in Cleveland, 2.1% lived in Glendora, 2.1% lived in Tall, 1% lived in Drew, 1% lived in Friar's Point, 1% lived in Greenville, 1% lived in Indianola,

1% lived in Lula, 1% lived in Lyon, 1% lived in Sherard, 1% lived in Sledge, 1% lived in Sumner, and 1% lived in Tutwiler.

Regarding living situation, 37.5% reported not being married and living alone, 26% reported not being married and living with family, 20.8% reported being married and living with a spouse, 14.6% reported not being married and living with a partner, and 1% reported “other” (i.e., married but separated) as their living situation. Regarding number of children, the mean number of children reported was 2.86 ($SD = 1.46$; range 1 to 7.) Regarding age at birth of first child, the mean age participants reported having their first child was 18.9 ($SD = 3.02$; range 14 to 28).

Regarding approximate annual family income, over half (57.9%) of participants reported earning under \$5,000 per year; 8.4% reported earning between \$10,000-\$14,999; 6.3% reported earning between \$5,000-\$7,499, \$20,000-\$24,999, or \$25,000-\$34,999; 5.3% reported earning \$7,500-\$9,999 or \$15,000-\$19,999, and 4.2% reported earning between \$35,000-\$49,999 per year. Based on the United States Department of Health and Human Services 2016 Poverty Guidelines, which take into consideration income and family size, this sample was divided into two groups: participants in poverty and participants not in poverty. Based on this division, 86.3% of the sample was considered below the federal poverty line while 13.7% of the sample was considered above the poverty line. Regarding highest education level, 26% reported having a high school degree or GED, 25% reported having graduated college, 16.7% reported partial high school (up to 10th or 11th grade) or partial college (at least one year), 10.4% reported attending junior high (up to 9th grade), and 5.2% reported having completed a graduate degree. Regarding employment, over half of participants (56.8%) reported not being employed outside of the home,

28.4% reported working full time (at least 40 hours per week), and 14.7% reported working part time (less than 40 hours per week).

Instruments

A demographic survey was used to assess participants' age, city of residence, current living situation, number of children, ages of children, age at birth of first child, approximate family income (measured by having participants choose between one of nine income categories), highest level of education, and current employment (see Appendix A). The reported family income and family size was used to determine whether or not the participant was below or above the poverty line based on the United States Department of Health and Human Services 2016 Poverty Guidelines.

The Revised Children's Report of Parental Behavior Inventory (CRPBI-30; Schludermann & Schludermann, 1988) is a 30-item revision of the original Children's Report of Parental Behavior Inventory (CRPBI; Schaefer, 1965), which is a widely used measure designed to assess children's perceptions of parenting behaviors. The CRPBI has been adapted for use with parents to assess their own perceptions of their parenting behaviors. As the original CRPBI contained 260 items, it has undergone several revisions, including the CRPBI-30. Schludermann & Schludermann (1988) reported that the CRPBI-30 maintains a similar factor structure to the original CRPBI. The CRPBI-30 contains three subscales that measure the core dimensions of parenting: Acceptance vs. Rejection, Psychological Control vs. Autonomy, and Firm vs. Lax Control. Each item is rated on a three-point scale asking parents to describe how much an item sounds like them (1 = "*Not like/me*" to 3 = "*A lot like me*"). Higher scores on the Acceptance vs. Rejection subscale represent greater parental acceptance, higher scores on the Psychological Control vs. Autonomy subscale represent greater psychological autonomy, and higher scores on

the Firm vs. Lax Control subscale represent firmer parental control and provision of structure. For this study, the three scales were combined to yield a total authoritative parenting score. The CRPBI has been shown to be reliable and valid across ethnicities (Hill & Herman-Stahl, 2002). High to acceptable internal consistency coefficients of have been reported for all three subscales (Acceptance vs. Rejection $\alpha = .84$; Psychological Control vs. Autonomy $\alpha = .81$; Firm vs. Lax Control $\alpha = .74$) (Winters, 2012) (see Appendix B).

The Neighborhood Questionnaire (NQ; Greenberg et al., 1999) is a 16-item scale that assesses parents' perceptions of their neighborhood in terms of safety, violence, drug traffic, satisfaction with public services (i.e., police, schools, transportation, garbage collection), neighborhood social networks, and stability. Item responses vary between three-point, four-point, five-point, and six-point likert scales, asking about satisfaction level, quality, quantity, duration, level of involvement, and frequency. Factor analysis revealed three subscales, Neighborhood Safety ($\alpha = .77$; items 1, 6, 10, 11, and 12), Neighborhood Social Involvement ($\alpha = .74$; items 3, 4, 5, and 13), and Satisfaction with Public Services (items 8 and 9).

The Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989) is a measure of parenting self-efficacy and parent satisfaction. In this study, only the parenting self-efficacy subscale, which measures a parent's perceived competence in the parenting role, was used. The parenting self-efficacy subscale contains 7 items that are answered on a 6-point likert scale, ranging from *strongly disagree* to *strongly agree*. Johnston & Mash reported adequate internal consistency reliability for the parenting self-efficacy subscale ($\alpha = .76$). Higher scores on the parenting self-efficacy subscale have been shown to be positively related to an easy-going, low conflict parenting style in mothers and inversely related

to negative reactions to oppositional child behaviors (Ohan, Leung, & Johnston, 2000) (see Appendix E).

The Index of Race-Related Stress-Brief Version (IRRS-B; Utsey, 1999) is a revised version of the Index of Race-Related Stress (Utsey & Ponterotto, 1996), which measures race-related stress experienced by African Americans as a result of their experiences with racism. The IRRS-B is a shorter, reliable alternative to the IRRS, with 22 items and three subscales: Cultural Racism (10 items; $\alpha = .78$), Institutional Racism (6 items; $\alpha = .69$), and Individual Racism (6 items; $\alpha = .78$). The Global Racism scale, consisting of all three subscales, will be calculated and used for this study. Items are rated on a scale of 0 (*this event never happened to me*) to 4 (*this event happened to me and I was extremely upset*), measuring the occurrence of racist events as well as how stressful they were to the respondent. Utsey (1999) reported significant and positive correlations between the IRRS-B and another measure of race-related stress, the Racism and Life Experience Scales-Revised (RaLES-R; Harrell, 1997). The IRRS-B has also been shown to discriminate between groups of Caucasian and African American respondents, with African American respondents scoring significantly higher than Caucasians on all subscales (Utsey, 1999) (see Appendix D).

Procedure

Participants in this study were recruited in several different ways: through Coahoma County Head Start parent meetings, through a Clarksdale Municipal School District Health Fair, through a Coahoma County Head Start Fun Day, through distributing flyers to Clarksdale Municipal School District Elementary Schools which advertised a day to come to Coahoma County DHS office to fill out the survey, through introductory psychology classes at Mississippi Delta Community College (Spring semester 2015), and through parenting classes sponsored

through Family Crisis Services of Northwest Mississippi, LLC. Attendees of the parenting classes were either court ordered to attend due to child truancy or abuse/neglect, were required to attend in order to receive TANF (Temporary Assistance for Needy Families), or were self-referred. Participants recruited through the Coahoma County Head Start parent meetings participated in a raffle for the possibility to win a 50 dollar Walmart gift card. Participants recruited through the Clarksdale Municipal School District Health Fair, the Coahoma County Head Start Fun Day, and participants who filled out surveys at the Coahoma County DHS office participated in a raffle for the possibility to win either one of two 25 dollar Walmart gift cards or a 50 dollar Walmart gift card. Pizza and beverages were also provided to participants who filled out surveys at the Coahoma County Head Start meetings and at the Coahoma County DHS office. All participants completed a written version of the survey which contained demographic questions, The Revised Children's Report of Parental Behavior Inventory, The Neighborhood Questionnaire, The Parenting Sense of Competence Scale, and The Index of Race-Related Stress-Brief Version.

VI. RESULTS

Data Preparation

Missing Data. Missing Values Analysis (MVA) in SPSS found that the variable authoritative parenting was missing 14.4% of responses, the variable race related stress was missing 14.4% of responses, the variables neighborhood danger and lack of neighborhood involvement were missing 12.4% of responses, the variable parenting self-efficacy was missing 8.2% of responses, the variable dissatisfaction with public services was missing 3% of responses, and the variable of poverty was missing 2% of responses. Little's MCAR test was not significant; therefore, data were assumed to be missing at random (MAR).

Cases were excluded if they were missing data required for a specific analysis. The variable authoritative parenting was missing fourteen cases, the variable race related stress was missing fourteen cases, the variables neighborhood danger and lack of neighborhood involvement were missing twelve cases, the variable parenting self-efficacy was missing eight cases, the variable dissatisfaction with public services was missing three cases, and the variable poverty was missing two cases.

Univariate and Multivariate outliers. SPSS EXPLORE was used to identify variables with scores in excess of 3.29 ($p < .001$, two-tailed test). There were no outliers for dissatisfaction

with public services. There was one outlier for authoritative parenting (i.e., 53); one outlier for parenting self-efficacy (i.e., 7); two outliers for neighborhood danger (i.e., 0, 1); six outliers for lack of neighborhood involvement (i.e. 0, 1, 1, 1, 2, 2); and one outlier for race-related stress (i.e., 81). Outliers were altered to values one unit above or below the most extreme neighboring value as described by Tabachnick and Fidell (2007).

In regressions, multivariate outliers, defined by Mahalanobis as distances from the centroid greater than critical chi-square values ($p < .001$), were not included in the analyses.

Normality. Variables of interest were analyzed for skew and kurtosis after outliers had been removed. The numbers reported here are ratios. The skewness ratio for authoritative parenting (as measured by the CRPBI-30) was -1.61 with a kurtosis ratio of 0.22. The skewness ratio for parenting self-efficacy (as measured by the PSOC) was -1.74 with a kurtosis ratio of -1.44. The skewness ratio for neighborhood danger was 0.15 with a kurtosis ratio of -0.8. The skewness ratio for dissatisfaction with public services was 0.92 with a kurtosis ratio of -1.66. The skewness ratio for lack of neighborhood involvement was -1.77 with a kurtosis ratio of -1.29. The skewness ratio for race related stress (as measured by the IRRS-B) was 0.88 with a kurtosis ratio of -1.01.

Reliability of scales and response characteristics. The CPRBI-30 scale was calculated by the summation of 30 items to yield a total authoritative parenting score. Fourteen items were reverse scored. Possible scores range from 30 to 90, with higher scores representing more authoritative parenting practices. The mean score was 72.31 (SD=6.23) and the median was 73. Data from 83 participants showed a reliability coefficient of $\alpha = .73$. The PSOC scale was calculated by the summation of 7 items to yield a total parenting self-efficacy score. Possible

scores range from 7 to 42, with higher scores representing greater parenting self-efficacy. The mean score was 30.29 (SD =8.16) and the median score was 31. Data from 89 participants showed a reliability coefficient of $\alpha=.9$. Neighborhood Danger was calculated by the summation of 5 items (i.e., 1, 6, 10, 11, 12). Three items were reverse scored. Possible scores ranged from 0 to 16, with higher scores representing greater reported neighborhood danger. The mean score was 9.54 (SD=3.41) and the median score was 9. Data from 85 participants showed a reliability coefficient of $\alpha=.68$. Lack of Neighborhood Involvement was calculated by the summation of 4 items (i.e., 3, 4, 5, 13). All items were reverse scored. Possible scores range from 0 to 13, with higher scores representing less neighborhood involvement. The mean score was 7.91 (SD=3.03) and the median score was 9. Data from 85 participants showed a reliability coefficient of $\alpha=.68$. Dissatisfaction with Public Services was calculated by the summation of two items (i.e., 8, 9). Both items were reverse scored. Possible scores range from 0 to 6, with higher scores representing more dissatisfaction with public services. The mean score was 2.6 (SD=1.85) and the median score was 3. Data from 94 participants showed a reliability coefficient of $\alpha=.62$. The IRRS-B was calculated by the summation of 22 items. Possible scores range from 0 to 88, with higher scores representing greater race related stress. The mean score was 32.51 (SD=20.92) and the median score was 33. Data from 83 participants showed a reliability coefficient of $\alpha=.95$.

Group Differences

Analyses were run in order to compare participants on variables of interest based on reported demographic characteristics.

Age. Standard correlations were performed between year born and the outcome variables of authoritative parenting, parenting self efficacy, race-related stress, neighborhood danger, lack of neighborhood involvement, and dissatisfaction with public services. Year born was found to

have a small positive correlation with neighborhood danger such that younger age of the participant was associated with greater reported neighborhood danger ($r(83) = .23, p = .034$). A one-way between-groups analysis of variance was conducted to explore the impact of poverty level on age. Participants were divided into two groups according to whether or not they were in poverty. No statistically significant differences were found based on poverty for age.

Living situation. A one-way between-groups multivariate analysis of variance was performed to investigate living situation differences among variables of interest in this study. Six dependent variables were used: authoritative parenting, parenting self-efficacy, neighborhood danger, lack of neighborhood involvement, dissatisfaction with public services, and race-related stress. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations noted. There was not a statistically significant difference based on living situation on the combined dependent variables $F(18, 139) = .9, p = .59$; Wilks' Lambda = .73; partial eta squared = .1. When the results for the dependent variables were considered separately, none of the differences reached statistical significance, using a Bonferroni adjusted alpha level of .008.

Number of children. Standard correlations were performed between number of children and the outcome variables of authoritative parenting, parenting self efficacy, race-related stress, neighborhood danger, lack of neighborhood social networks, and dissatisfaction with public services. Number of children was found to have a small negative correlation with parenting self-efficacy such that the greater number of children reported, the lower the amount of reported parenting self-efficacy ($r(88) = -.25, p = .02$). A one-way between-groups analysis of variance was conducted to explore the impact of poverty level on number of children. Participants were

divided into two groups according to whether or not they were in poverty. No statistically significant differences were found based on poverty for number of children.

Age at birth of first child. Standard correlations were performed between the age at birth of first child and the outcome variables of authoritative parenting, parenting self efficacy, race-related stress, neighborhood danger, lack of neighborhood social networks, and dissatisfaction with public services. No significant correlations were found between age at birth of first child and any of the outcome variables. A one-way analysis of variance was conducted to explore the impact of poverty level on age at birth of first child. Participants were divided into two groups according to whether or not they were in poverty. No statistically significant differences were found based on poverty for age at birth of first child.

Education. A one-way between-groups multivariate analysis of variance was performed to investigate education differences among variables of interest in this study. Six dependent variables were used: authoritative parenting, parenting self-efficacy, neighborhood danger, lack of neighborhood involvement, dissatisfaction with public services, and race-related stress. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations noted. There was not a statistically significant difference based on education on the combined dependent variables $F(30, 194) = 1.24, p = .19$; Wilks' Lambda = .45; partial eta squared = .13. When the results for dependent variables were considered separately, none of the differences reached statistical significance, using a Bonferroni adjusted alpha level of .008. Fisher's Exact Test revealed that there was an association between poverty level and education level, ($n = 95$), $p = .037$. Specifically, participants in poverty were significantly more likely to have only a junior high education than those not in poverty (11% vs.

7.7%), significantly more likely to have only a partial high school education than those not in poverty (18.3% vs. 0%), significantly more likely to have only a high school education than those not in poverty (28% vs. 15.4%), and were significantly more likely to have a partial college education than those not in poverty (18.3% vs. 7.7%). In contrast, participants not in poverty were significantly more likely to have a college degree (53.8% vs. 20.7%) or graduate degree (15.4% vs. 3.7%) when compared with participants in poverty.

Correlations Between Variables

Relationships between several variables were investigated using Pearson product-moment correlation coefficients and can be seen in Table 1. Cases with missing data were excluded.

Authoritative parenting had a small positive correlation with parenting self-efficacy such that greater authoritative parenting practices were associated with greater parenting self-efficacy $r(79) = .22, p = .05$. Authoritative parenting had a medium negative correlation with lack of neighborhood involvement such that greater authoritative parenting was associated with less lack of neighborhood involvement $r(75) = -.39, p = .00$. Parenting self-efficacy had a small negative correlation with lack of neighborhood involvement such that greater parenting self-efficacy was associated with less lack of neighborhood involvement $r(79) = -.23, p = .05$. Neighborhood danger had a medium positive correlation with lack of neighborhood involvement such that greater neighborhood danger was associated with greater lack of neighborhood involvement $r(79) = .31, p = .01$. Dissatisfaction with public services had a medium positive correlation with neighborhood danger such that more dissatisfaction with public services was associated with greater neighborhood danger $r(83) = .38, p = .00$. Dissatisfaction with public services also had a medium positive correlation with lack of neighborhood involvement such that greater

dissatisfaction with public services was associated with greater lack of neighborhood involvement $r(83) = .43, p=.00$.

Table 1

Pearson Product-moment Correlations

Variables	1	2	3	4	5	6
1. Authoritative Parenting	-	.222*	-.139	-.386**	-.017	-.148
2. Parenting Self-Efficacy	.222*	-	.011	-.225*	-.151	-.007
3. Neighborhood Danger	-.139	.011	-	.314**	.381**	.225
4. Lack of Neighborhood Involvement	-.386**	-.225*	.314**	-	.430**	.032
5. Dissatisfaction with Public Services	-.017	-.151	.381**	.430**	-	.073
6. Race Related Stress	-.148	-.007	.225	.032	.073	-

* $p < .05$ (2-tailed) ** $p < .01$ (2-tailed)

Risk Factors Predicting Authoritative Parenting Behavior

Poverty. A one-way between-groups analysis of covariance was conducted to compare participants in poverty and participants not in poverty on the variable of authoritative parenting. Participants' scores on the variables of parenting self-efficacy, neighborhood danger, lack of neighborhood involvement, dissatisfaction with public services, and race-related stress were used as the covariates in this analysis.

Preliminary checks were conducted to ensure that there were no violations of the assumptions of normality, linearity, homogeneity of variances, homogeneity of regression slopes,

and reliable measurement of the covariates. After controlling for the influence of parenting self-efficacy, neighborhood danger, lack of neighborhood involvement, dissatisfaction with public services, and race-related stress, there was no significant difference between participants in poverty and participants not in poverty on the variable of authoritative parenting, $F(1, 52) = 3.45, p = .07$, partial eta squared = .06 (see Table 2). However, it should be noted that due to the small sample size, there may not have been sufficient power to detect a difference. In addition, the large difference between the sample sizes of the two groups (i.e., participants in poverty vs. participants not in poverty) may have also affected the ability to detect group differences.

Negative neighborhood characteristics, race-related stress, and parenting self-efficacy. A multiple regression was conducted to predict authoritative parenting behavior based on negative neighborhood characteristics (i.e., neighborhood danger, lack of neighborhood involvement, and dissatisfaction with public services), race-related stress, and parenting self-efficacy. Cases with missing data were excluded. In all cases, multivariate outliers (using Mahalanobis distances from the centroid greater than critical chi-square values ($p < .001$)) were not included in the analyses.

The overall model was significant, $F(5, 67) = 3.85, p = .004$ and accounted for 22.3% of the variance in authoritative parenting behavior. The results indicated that lack of neighborhood involvement was the only significant predictor of authoritative parenting (see Table 3). Dissatisfaction with public services, neighborhood danger, race related-stress, and parenting self-efficacy were not significant predictors of authoritative parenting. Lack of neighborhood involvement made the largest unique contribution to the model and was associated with a decrease in authoritative parenting ($\beta = -.42, p = .001$).

The Impact of Parenting Self-Efficacy on the Relationship Between Risk Factors and Authoritative Parenting

Poverty and authoritative parenting. A median split procedure was used to divide participants in poverty into high parenting self-efficacy and low parenting-self efficacy groups. Participants in poverty with a score at or above 31 on the Parenting Sense of Competence Scale were considered as having high parenting self-efficacy. An independent samples t-test was run with authoritative parenting behavior as the grouping variable. The t-test revealed no significant differences in authoritative parenting behavior for participants in poverty with high parenting self-efficacy ($M = 71.87$, $SD = 5.32$) vs. participants in poverty with low parenting self-efficacy ($M = 71.5$, $SD = 6.45$; $t(63) = -.25$, $p = .801$, two-tailed). However, since the group sizes were small, (high parenting self-efficacy = 39, low parenting self-efficacy = 26) there may not have been sufficient power to detect differences.

Lack of neighborhood involvement and authoritative parenting. To test whether the relationship between lack of neighborhood involvement and authoritative parenting changes as a function of the level of parenting self-efficacy a participant possesses, a moderation analyses was conducted in SPSS using the macro PROCESS (Hayes, 2013). Results indicated that parenting self-efficacy was not a significant predictor of authoritative parenting ($b = .1$, $t(67) = 1$, $p = .33$). In contrast, lack of neighborhood involvement was a significant predictor of authoritative parenting ($b = -.79$, $t(67) = -3.54$, $p = .00$). However, the interaction term of lack of neighborhood involvement by parenting self-efficacy was not significant ($b = .01$, $t(67) = .43$, $p = .67$), indicating that relationship between lack of neighborhood involvement and authoritative parenting does not change as a function of the level of parenting self-efficacy a participant possesses (see Table 4).

Neighborhood danger and authoritative parenting. To test whether the relationship between lack of neighborhood involvement and authoritative parenting changes as a function of the level of parenting self-efficacy a participant possesses, a moderation analyses was conducted in SPSS using the macro PROCESS (Hayes, 2013). Results indicated that parenting self-efficacy ($b = .13, t(66) = 1.26, p = .21$) and neighborhood danger ($b = -.25, t(66) = -1.13, p = .26$) were not significant predictors of authoritative parenting. In addition, the interaction term neighborhood danger by parenting self-efficacy was also not a significant predictor of authoritative parenting ($b = -.05, t(66) = -1.33, p = .19$), indicating that relationship between neighborhood danger and authoritative parenting does not change as a function of the level of parenting self-efficacy a participant possesses (see Table 5).

Dissatisfaction with public services and authoritative parenting. To test whether the relationship between dissatisfaction with public services and authoritative parenting changes as a function of the level of parenting self-efficacy a participant possesses, a moderation analyses was conducted in SPSS using the macro PROCESS (Hayes, 2013). Results indicated that parenting self-efficacy ($b = .13, t(73) = 1.66, p = .10$) and dissatisfaction with public services ($b = .14, t(73) = .41, p = .69$) were not significant predictors of authoritative parenting. The interaction term dissatisfaction with public services by parenting self-efficacy was marginally significant ($b = -.09, t(73) = -1.96, p = .0537$). Examination of the simple slopes at low levels of parenting self-efficacy ($b = .91, t(73) = 1.55, p = .13$), at average levels of parenting self-efficacy ($b = .14, t(73) = .41, p = .69$), and at high levels of parenting self-efficacy ($b = -.64, t(73) = -1.48, p = .14$) revealed that there was no relationship between dissatisfaction with public services and authoritative parenting at any of these levels. Therefore, it does not appear that the relationship

between dissatisfaction with public services and authoritative parenting changes as a function of the level of parenting self-efficacy a participant possesses (see Table 6).

Race-related stress and authoritative parenting. To test whether the relationship between race-related stress and authoritative parenting changes as a function of the level of parenting self-efficacy a participant possesses, a moderation analyses was conducted in SPSS using the macro PROCESS (Hayes, 2013). Results indicated that parenting self-efficacy ($b = .17$, $t(67) = 1.94$, $p = .06$) and race-related stress ($b = -.04$, $t(67) = -1.37$, $p = .18$) were not significant predictors of authoritative parenting. In addition, the interaction term race-related stress by parenting self-efficacy was also not a significant predictor of authoritative parenting ($b = 0$, $t(67) = .74$, $p = .46$), indicating that relationship between race-related stress and authoritative parenting does not change as a function of the level of parenting self-efficacy a participant possesses (see Table 7).

VII. DISCUSSION

Poverty

According to the United States Department of Health and Human Services 2016 Poverty Guidelines, the majority of this sample was below the federal poverty line (86.3%), which may have limited the ability to detect differences between participants in poverty vs. participants not in poverty. However, Fisher's Exact Test did reveal that poverty was related to the level of education a participant had, such that participants in poverty were significantly more likely to have only a junior high, partial high school, high school, or partial college education when compared to participants not in poverty. In contrast, participants not in poverty were significantly more likely to have a college or graduate degree.

Regarding poverty's ability to predict a participant's engagement in authoritative parenting behavior, an ANCOVA revealed that there was not a significant difference in engagement in authoritative parenting behavior between participants in poverty and participants not in poverty, after controlling for the influence of the other risk factors (i.e., negative neighborhood characteristics and race-related stress). This is in contrast to hypothesis and previous research, which shows that parents in poverty are less likely to engage in authoritative parenting behavior (Bradley et al., 2001; Conger et al., 1994; Gabarino & Kostelny, 1993;

McLoyd, 1990). It should be noted that due to missing data in this study, the sample size was small, and this likely affected the ability to detect differences between the two groups. As results from this analysis were approaching significance, significant results may have been obtained had the sample size been larger. In addition, as mentioned above, the ability to detect differences between these two groups (i.e., participants in poverty vs. participants not in poverty) may also have been limited by the fact that the majority of the participants in this sample were in poverty.

Regarding the ability of parenting self-efficacy to moderate the relationship between poverty and authoritative parenting, following a median split used to divide participants in poverty into high parenting self-efficacy and low parenting self-efficacy groups, a t-test revealed no significant differences in authoritative parenting behavior for participants in poverty who reported possessing high levels of parenting self-efficacy vs. participants in poverty who reported possessing low levels of parenting self-efficacy. Again, this is in contrast to previous research which has demonstrated the ability of parenting self-efficacy to serve as a buffer between poverty and its deleterious effects on parenting (Raikes & Thompson, 2005). However, as the sample sizes of the two groups were fairly small, there may not have been sufficient power to detect group differences between participants in poverty who possessed high parenting self-efficacy vs. participants in poverty who possessed low parenting self-efficacy.

Negative Neighborhood Characteristics

Regarding negative neighborhood characteristics, analyses revealed associations between the three neighborhood variables as well as between the three neighborhood variables and other variables of interest, including demographic variables. However, as missing data resulted in a small sample size, many of the hypothesized relationships between the negative neighborhood characteristics and authoritative parenting were not found.

Lack of Neighborhood Involvement. Correlational analyses revealed that lack of neighborhood involvement was positively related to neighborhood danger, such that the less socially involved and connected a participant reported being in their neighborhood, the more likely they were to also report that their neighborhood was dangerous. This is supported by previous research, which has demonstrated a relationship between lack of social networks and danger in the neighborhood (Hill, N. E., & Herman-Stahl, M. A. 2002). Correlation also revealed that lack of neighborhood involvement was positively related to dissatisfaction with public services, such that the less socially involved and connected a participant reported being in their neighborhood, the more likely they were to also report being dissatisfied with services in their neighborhood. Correlation revealed that lack of neighborhood involvement was negatively related to parenting self-efficacy, such that participants who reported being less socially involved and connected in their neighborhood were also more likely to report that they possessed less parenting self-efficacy. Finally, correlation revealed that lack of neighborhood involvement was negatively related to authoritative parenting, such that participants who reported being less socially involved and connected in their neighborhood also reported engaging in less authoritative parenting behavior. This is supported by previous research, which demonstrates a relationship between neighborhood social networks and positive parenting practices (Hill, N. E., & Herman-Stahl, M. A. 2002; Leventhal, T., & Brooks-Gunn, J., 2000; Pinderhughes et al., 2001).

A multiple regression revealed that lack of neighborhood involvement was a significant predictor of authoritative parenting behavior, such that being less socially involved and connected in the neighborhood predicted less engagement in authoritative parenting. As mentioned above, this finding is consistent with the hypothesis and previous research, which

shows that neighborhood variables, including neighborhood social networks, are important factors in determining parenting behavior and that neighborhood social networks contribute to engagement in positive parenting practices (Hill, N. E., & Herman-Stahl, M. A. 2002; Leventhal, T., & Brooks-Gunn, J., 2000; Pinderhughes et al., 2001). More specifically, research has demonstrated that parents who are socially connected in their neighborhood are more likely to monitor the behavior of their children as well as the behavior of the other residents' children (Hill, N. E., & Herman-Stahl, M. A. 2002). In addition, research has demonstrated that social support, which some parents may gain through neighborhood social networks, is positively related to a more nurturing parenting style (Ceballo, R., & McLoyd, V. C., 2002).

Regarding the ability of parenting self-efficacy to moderate the relationship between lack of neighborhood involvement and authoritative parenting behavior, in contrast to the hypothesis, an examination of the interaction between lack of neighborhood involvement and parenting self-efficacy revealed that the relationship between how socially involved and connected a participant is in their neighborhood and their engagement in authoritative parenting behavior does not depend on the level of parenting self-efficacy that the participant possesses.

Neighborhood Danger. As mentioned above, correlation revealed that neighborhood danger was positively related to lack of neighborhood involvement, such that the more danger a participant reported in their neighborhood, the more likely they were to also report being less socially involved and connected in their neighborhood. Correlation also revealed that neighborhood danger was positively related to dissatisfaction with public services, such that the more danger a participant reported in their neighborhood, the more they also reported being dissatisfied with the services in their neighborhood. Finally, correlation revealed that

neighborhood danger was negatively related to participant age, such that the younger the participant was, the more likely they were to report danger in their neighborhood.

A multiple regression revealed that neighborhood danger was not a significant predictor of engagement in authoritative parenting behavior. This is contrary to previous research which demonstrates the negative effects of unsafe neighborhoods on parenting practices (Hill, N. E., & Herman-Stahl, M. A., 2002; Leventhal, T., & Brooks-Gunn, J., 2000; Pinderhughes et al., 2001). However, as mentioned previously, missing data in this study resulted in a small sample size, which may have limited the ability to detect relationships between risk factors and authoritative parenting.

Regarding the ability of parenting self-efficacy to moderate the relationship between neighborhood danger and authoritative parenting behavior, in contrast to hypothesis, examination of the interaction between neighborhood danger and parenting self-efficacy revealed that the relationship between how much neighborhood danger a participant reports and their engagement authoritative parenting behavior does not depend on the level of parenting self-efficacy that the participant possesses.

Dissatisfaction with Public Services. As mentioned above, correlation revealed that dissatisfaction with public services was positively related to neighborhood danger such that participants who reported more dissatisfaction with the services in their neighborhood also tended to report more danger in their neighborhood. Also mentioned above, correlation revealed that dissatisfaction with public services was positively related with lack of neighborhood involvement, such that participants who reported dissatisfaction with public services also reported that they were less socially connected and involved in their neighborhood.

A multiple regression revealed that dissatisfaction with public services was not a significant predictor of engagement in authoritative parenting behavior. Again, this is contrary to previous research (Leventhal, T., & Brooks-Gunn, J., 2000; Pinderhughes et al., 2001), but as noted before, this study's small sample size may have limited the ability to detect relationships between risk factors and authoritative parenting.

Regarding the ability of parenting self-efficacy to moderate the relationship between dissatisfaction with public services and authoritative parenting behavior, in contrast to hypothesis, an examination of the interaction between dissatisfaction with public services and parenting self-efficacy revealed that the relationship between how much dissatisfaction a participants reports with neighborhood services and their engagement authoritative parenting behavior does not depend on the level of parenting self-efficacy that the participant possesses.

Race-Related Stress

Surprisingly, no significant associations were found between race-related stress and any of the other variables. In addition, a multiple regression revealed that race-related stress was not a significant predictor of engagement in authoritative parenting behavior. While research on the impact of race-related stress on parenting practices is relatively small and recent, it has demonstrated that perceived discrimination can have a negative impact on parenting behavior (Brody et al., 2008; Murry et al., 2008). However, different from this study, both of the above studies were longitudinal, demonstrating the impact of perceived discrimination on parenting practices over the span of several years. Also, these studies found that the effects of perceived discrimination on parenting were indirect, such that perceived discrimination predicted effects such as increased stress-related health problems, depressive symptoms, and diminished relationship well-being, which in turn impacted parenting practices. Perhaps this study may have

found more of a relationship between race-related stress and authoritative parenting practices had it measured the impact of discrimination on parenting practices over time and had it further examined the mediating variables that have a negative impact on positive parenting practices. Of course, as noted in above sections, this study's small sample size may have also limited the ability to detect a relationship between race-related stress and authoritative parenting.

Regarding the ability of parenting self-efficacy to moderate the relationship between race-related stress and authoritative parenting behavior, in contrast to hypothesis, an examination of the interaction between race-related stress and parenting self-efficacy revealed that the relationship between how much race-related stress a participant reports and their engagement authoritative parenting behavior does not depend on the level of parenting self-efficacy that the participant possesses.

Parenting Self-Efficacy

Correlation revealed that parenting self-efficacy was negatively related to the number of children a participant had, such that participants who reported having more children also reported possessing less parenting self-efficacy. Correlation also revealed that parenting self-efficacy was positively related to authoritative parenting behavior, such that the more parenting self-efficacy a participant reported possessing, the more they also reported engaging in authoritative parenting behavior, which is supported by previous research (Elder, 1995; Spoth, 1995).

A multiple regression revealed that parenting self-efficacy was not a significant predictor of authoritative parenting behavior. This is contrary to hypothesis and previous research (Elder, 1995; Spoth, 1995), which demonstrates a significant positive relationship between parenting self-efficacy and positive parenting practices. However, this study's small sample size may have

limited the ability to detect relationships between variables of interest and authoritative parenting.

VIII. LIMITATIONS AND FUTURE DIRECTIONS

It is clear that the most notable limitation of this study was the presence of missing data. Despite collecting usable surveys from 97 participants, certain variables were missing up to 14.4% of responses. As missing data was excluded from the analyses, this resulted in a much smaller sample size than was needed for certain analyses. Fortunately, there was not a systematic pattern to the missing data; however, missing data likely affected the ability to detect hypothesized effects, particularly to detect relationships between the risk factors (i.e., poverty, negative neighborhood characteristics, race-related stress) and authoritative parenting. It is notable that despite the small sample size, this study was still able to demonstrate a significant relationship between neighborhood involvement and authoritative parenting practices. In future studies, it may be advisable to either individually and orally administer the surveys to participants or less time-consuming, to have a person assigned to checking through the surveys for item completion as the participants turn in the surveys. Studies with sufficient sample sizes may be more able to adequately detect the relationships between risk factors and parenting behavior, and they may also be better able to demonstrate the potential role of parenting self-efficacy in the relationship between these risk factors and parenting behavior. Another limitation of this study was the large percent of participants in poverty (86.3% of the sample), which may

have made it harder to test hypotheses regarding the impact of poverty on authoritative parenting. However, as research has already clearly shown that the negative effects of poverty on parenting behavior (Bradley et al., 2001; Conger et al., 1994; Gabarino & Kostelny, 1993; McLoyd, 1990), demonstrating this relationship was not the main aim of this study. A final limitation worth noting is the fact that this study relied on self-report to measure all variables. As such, it depended on the individual perceptions of the participants, which may differ widely and may not reflect reality, especially when it comes to measuring variables such as authoritative parenting practices and neighborhood danger. While it would be more time consuming, future studies could solicit child perception of parenting practices or could also include direct observation and measurement of interactions between parents and children. In addition, variables such as neighborhood danger could be measured using official reports of crime in the neighborhoods of participants instead of simply relying on the participants' perceptions of their neighborhood.

In conclusion, while this study's small sample size may have limited its ability to detect all of the hypothesized relationships between the measured variables, it was able to lend further empirical support to the influence of neighborhood social networks on the parenting behaviors that support the best child outcomes.

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LIST OF APPENDICES

APPENDIX A: DEMOGRAPHIC QUESTIONS

- 1) What year were you born? _____
- 2) What city do you live in? _____
- 3) What is your current living situation?
 - 1) Married and living with a spouse
 - 2) Not married and living with a partner
 - 3) Not married and living alone
 - 4) Not married and living with family
 - 5) Other _____
- 4) How many total people live in your household? _____
- 5) How many children do you have that live with you at home? _____
 - 5a) What are the ages of those children? (List all ages)

- 6) How old were you at the birth of your first child? _____
- 7) What is your approximate annual family income?
 - 1) Under \$5,000
 - 2) \$5,000 – \$7,499
 - 3) \$7,500 – \$9,999
 - 4) \$10,000 - \$14,999
 - 5) \$15,000 - \$19,999
 - 6) \$20,000 - \$24,999
 - 7) \$25,000 - \$34,999
 - 8) \$35,000 - \$49,999
 - 9) Over \$50,000
- 8) What is your highest level of education?
 - 1) Less than 7th grade
 - 2) Junior High (up to 9th grade)
 - 3) Partial High School (up to 10th or 11th grade)
 - 4) High school graduate or GED
 - 5) Partial college (at least one year)
 - 6) College or university graduate
 - 7) Graduate degree
- 9) Are you currently employed?

- 1) Yes, and I work full-time (at least 40 hours per week)
- 2) Yes, and I work part-time (less than 40 hours per week)
- 3) No, I am not currently employed outside of the home

9a) If YES, what is your current occupation?

9b) If NO, were you employed at any time in the past year?

- 1) Yes, and I worked full-time (at least 40 hours per week)
- 2) Yes, and I worked part-time (less than 40 hours per week)
- 3) No

9c) If YES, what was your occupation?

10) If you have a spouse or partner living with you at home, is he/she currently employed?

- 1) Yes, and he/she works full-time (at least 40 hours per week)
- 2) Yes, and he/she works part-time (less than 40 hours per week)
- 3) No, he/she is not currently employed outside of the home

10a) If YES, what is his/her occupation?

10b) If NO, was he/she employed at any time in the past year?

- 1) Yes, and I worked full-time (at least 40 hours per week)
- 2) Yes, and I worked part-time (less than 40 hours per week)
- 3) No

10c) If YES, what was his/her occupation?

APPENDIX B: CHILD REPORT OF PARENTING BEHAVIOR INVENTORY

Child Report of Parenting Behavior Inventory
CRPBI-30
Schludermann & Schludermann, 1988

The following items describe parenting behaviors. On a scale from 1 to 3, where 1 means the behavior sounds a lot like you and 3 means the behavior does not sound like you, **please rate if as a mother, you think you are a person who...**

Items	<i>Sounds A Lot Like Me</i> 1	<i>Sounds a Little Like Me</i> 2	<i>Does Not Sound Like Me</i> 3
1. Makes my child feel better after he/she discusses his/her worries with me.			
2. Smiles at my child very often.			
3. Is able to make my child feel better when he/she is upset.			
4. Enjoys doing things with my child.			
5. Is able to cheer my child up when he/she is sad.			
6. Gives a lot of care and attention to my child.			
7. Believes in showing my love for my child.			
8. Often praises my child (e.g., tells him/her that he/she did a good job)			
9. Is easy to talk to.			
10. Makes my child feel like the most important person in my life.			

11. Reminds my child of all of the things I have done for him/her.			
12. Tells my child if he/she really cared for me, he/she would not do things that cause my worry.			
13. Is always telling my child how he/she should behave.			
14. Would like to be able to tell my child what to all of the time.			
15. Wants to control whatever my child does.			
16. Tries to change things about my child.			
17. Only keeps rules when it suits me.			
18. Is less friendly with my child when he/she does not see things my way.			
19. Will avoid looking at my child when I am disappointed in him/her.			
20. Stops talking to my child when he/she has disappointed me, until he/she has pleased me again.			
21. Believes in having a lot of rules and sticking with them.			

22. Insists that my child do exactly as he/she is told.			
23. Is very strict.			
24. Gives hard punishment.			
25. Is easy on my child.			
26. Lets my child off easy when he/she does something wrong.			
27. Gives my child as much freedom as he/she wants.			
28. Lets my child go any place he/she wants without asking permission.			
29. Lets my child go out any time he/she wants.			
30. Lets my child do anything he/she would like to do.			

APPENDIX C: NEIGHBORHOOD QUESTIONNAIRE

Neighborhood Questionnaire

For the first five questions, use the scale shown below for each question.

1. In general, how do you feel about this neighborhood? Do you feel it's a very bad, a fairly bad, a fairly good, or a very good place to live? _____

0=Very Bad 1=Fairly Bad 2=Fairly Good 3=Very Good

2. Have most of the people in this neighborhood lived here less than 2 years, 2 to 5 years, 5 to 10 years, or more than 10 years? _____

0=Less than 2 years 1=2 to 5 years 2=5 to 10 years 3=More than 10 years

3. Which of these statements best describes this neighborhood? _____

0=Most people keep to themselves and don't talk much or visit much with the other people who live here

1=Some people kept to themselves but others talk or visit a lot with the other people who live here

2=Most people talk or visit a lot with the other people who live here

4. How many of your neighbors do you know well enough to visit or call on? Would you say you have none, a few, some, or many that you know well enough to visit or call on? _____

0=None; Or I have no neighbors 1=A Few 2=Some 3=Many

5. How often do you get together with any of your neighbors – either visiting at each other's home or going places together? Would you say it's never, a few times a year, at least once a month, a few times a month, at least once a week, or nearly every day? _____

0=Never 1=A Few Times A Year 2=At Least Once a Month

3=A Few Times a month (2-3 times) 4=At Least Once a Week (1-2 times)

5= Nearly Every Day (4 or more times a week)

For the next four questions, use the following scale:

0=Very Dissatisfied 1=Somewhat Dissatisfied

2=Somewhat Dissatisfied 3=Very Satisfied

6. How satisfied are you with the police protection around here? Would you say that you are very dissatisfied, somewhat dissatisfied, somewhat dissatisfied, or very satisfied? _____
7. How satisfied are you with the garbage collection around here? Would you say that you are very dissatisfied, somewhat dissatisfied, somewhat dissatisfied, or very satisfied? _____
8. How satisfied are you with the schools around here? Would you say that you are very dissatisfied, somewhat dissatisfied, somewhat dissatisfied, or very satisfied?

9. How satisfied are you with the public transportation around here? Would you say that you are very dissatisfied, somewhat dissatisfied, somewhat dissatisfied, or very satisfied? _____

For the last seven questions, use the scale below each question.

10. How often are there problems with muggings, burglaries, assaults, or anything else like that around here? Would you say these things never happen, hardly ever happen, happen not too often, happen fairly often, or happen very often? _____

0=Never 1=Hardly Ever 2=Not Too Often 3=Fairly Often 4=Very Often
11. How much of a problem is the selling and using of drugs around here? Would you say it is not serious at all, not too serious, is fairly serious, or is a very serious problem? _____

0=Not Serious At All 1=Not Too Serious 2=Fairly Serious 3=Very Serious
12. How well do the police and the people in this neighborhood get along? Would you say it's not well at all, not so well, fairly well, or very well?

0=Not Well At All 1=Not So Well 2=Fairly Well 3=Very Well

13. How involved are you in your neighborhood? _____

0=Not At All 1=A Little Bit 2=Somewhat 3=Very Involved

14. Are there any groups in this neighborhood – things like block clubs, community associations, social clubs, helping groups, and so forth?

0=No 1=Yes

15. How many of these groups are you involved in? _____

Write in number of groups.

16. Do you hold an office or post in any of these groups? _____

0=No 1=Yes

APPENDIX D: THE INDEX OF RACE-RELATED STRESS-BRIEF VERSION

The Index of Race-Related Stress-Brief Version

Instructions: This survey questionnaire is intended to sample some of the experiences that Black people have in this country because of their “blackness.” There are many experiences that a Black person can have in this country because of his/her race. Some events happen just once, some more often, while others may happen frequently. Below you will find listed some of these experiences, for which you are to indicate those that have happened to you or someone very close to you (i.e., a family member or loved one). It is important to note that a person can be affected by those events that happen to people close to them; this is why you are asked to consider such events as applying to your experiences when you complete this questionnaire.

Please circle the number on the scale (0 to 4) that indicates the reaction you had to the event at the time it happened. Do not leave any items blank. If an event happened more than once, refer to the first time it happened. If an event did not happen, circle 0 and go on to the next item.

Item	This event never happened to me.	This event happened, but it did not bother me.	This event happened, and I was slightly upset.	This event happened, and I was upset.	This event happened, and I was extremely upset.
1. You notice that crimes committed by White people tend to be romanticized, whereas the same crime committed by a Black person is portrayed as savagery, and the Black person who committed it, as an animal.	0	1	2	3	4
2. Sales people/clerks did not say thank you or show other					

forms of courtesy and respect (e.g., put your things in a bag) when you shopped at some White/non-Black owned businesses.	0	1	2	3	4
3. You notice that when Black people are killed by the police, the media informs the public of the victim's criminal record or negative information in their background, suggesting they got what they deserved.	0	1	2	3	4
4. You have been threatened with physical violence by an individual or group of White/non-Blacks.	0	1	2	3	4
5. You have observed that White kids who commit violent crimes are portrayed as "boys being boys," while Black kids who commit similar crimes are wild animals.	0	1	2	3	4
6. You seldom hear or read anything positive about Black	0	1	2	3	4

people on radio, TV, in newspapers, or history books.					
7. While shopping at a store, the sales clerk assumed that you couldn't afford certain items (e.g., you were directed towards the items on sale).	0	1	2	3	4
8. You were the victim of a crime and the police treated you as if you should just accept it as part of being Black.	0	1	2	3	4
9. You were treated with less respect and courtesy than Whites and other non-Blacks while in a store, restaurant, or other business establishment.	0	1	2	3	4
10. You were passed over for an important project although you were more qualified and competent than the White/non-Black person given the task.	0	1	2	3	4

11. Whites/non-blacks have stared at you as if you didn't belong in the same place with them; whether it was a restaurant, theater, or other place of business.	0	1	2	3	4
12. You have observed the police treat White/non-Blacks with more respect and dignity than they do Blacks.	0	1	2	3	4
13. You have been subjected to racist jokes by Whites/non-Blacks in positions of authority and you did not protest for fear they might have held it against you.	0	1	2	3	4
14. While shopping at a store, or when attempting to make a purchase, you were ignored as if you were not a serious customer or didn't have any money.	0	1	2	3	4
15. You have observed					

situations where other Blacks were treated harshly or unfairly by Whites/non-Blacks due to their race.	0	1	2	3	4
16. You have heard reports of White people/non-Blacks who have committed crimes, and in an effort to cover up their deeds, falsely reported that a Black man was responsible for the crime.	0	1	2	3	4
17. You notice that the media plays up stories that cast Blacks in negative ways (child abusers, rapists, muggers, etc.), usually accompanied by a large pictures of a Black person looking angry or disturbed.	0	1	2	3	4
18. You have heard racist remarks or comments about Black people spoken with impunity (without getting in trouble) by White public	0	1	2	3	4

officials or other influential White people.					
19. You have been given more work, or the most undesirable jobs at your place of employment while the White/non-Black of equal or less seniority and credentials is given less work, and more desirable tasks.	0	1	2	3	4
20. You have heard or seen other Black people express a desire to be White or to have White physical characteristics because they disliked being Black or thought it was ugly.	0	1	2	3	4
21. White people or other non-Blacks have treated you as if you were unintelligent and needed things explained to you slowly or numerous times.	0	1	2	3	4
22. You were refused an apartment or	0	1	2	3	4

other housing: you suspect it's because you're Black.					
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APPENDIX D: PARENTING SENSE OF COMPETENCE SCALE

Parenting Sense of Competence Scale (PSOC)

Parenting Self-Efficacy Subscale
(Johnston & Mash 1989)

Item	Strongly Disagree					Strongly Agree
I would make a fine model for a new mother to follow in order to learn what she would need to know to be a good parent.	1	2	3	4	5	6
The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
Being a parent in manageable, and any problems are easily solved.	1	2	3	4	5	6
I meet my own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
Considering how long I've been a mother, I feel thoroughly familiar with this role.	1	2	3	4	5	6
I honestly believe I have all of the skills necessary to be a good mother to my child.	1	2	3	4	5	6

APPENDIX F: TABLES

Table 2. Analysis of Covariance Summary.

Variable	Sum of Squares	df	Mean Square	F	Partial Eta Squared
Parenting Self-Efficacy	32.3	1	32.3	1.29	0.02
Neighborhood Danger	12.9	1	12.9	0.52	0.01
Lack of Neighborhood Involvement	180.10	1	180.10	7.2**	0.12
Dissatisfaction with Public Services	52.83	1	52.83	2.11	0.04
Race Related Stress	95.08	1	95.08	3.8	0.07
Poverty	86.23	1	86.23	3.45	0.06
Error	1300.34	52	24.01		

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 3. Multiple Linear Regression for Negative Neighborhood Characteristics, Race Related Stress, and Parenting Self-Efficacy Predicting Authoritative Parenting.

Variable	b	SE b	β
Neighborhood Danger	-0.01	0.23	-0.06
Lack of Neighborhood Involvement	-0.93	0.27	-0.42***
Dissatisfaction with Public Services	0.73	0.41	0.22
Parenting Self-Efficacy	0.12	0.08	0.16
Race-Related Stress	-0.04	0.03	-0.13
R^2		0.22	
F		3.85**	

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 4. Moderated Multiple Regression in PROCESS to Investigate Interaction Between Lack of Neighborhood Involvement and Parenting Self-Efficacy.

Variable	<i>b</i>	SE <i>b</i>	<i>t</i>
Lack of Neighborhood Involvement	-0.79	0.22	-3.54***
Parenting Self-Efficacy	0.1	0.1	0.1
Lack of Neighborhood Involvement X Parenting Self-Efficacy	0.13	0.03	0.43

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 5. Moderated Multiple Regression in PROCESS to Investigate Interaction Between Neighborhood Danger and Parenting Self-Efficacy.

Variable	<i>b</i>	SE <i>b</i>	<i>t</i>
Neighborhood Danger	-0.25	0.22	-1.13
Parenting Self-Efficacy	0.13	0.1	1.26
Neighborhood Danger X Parenting Self-Efficacy	-0.05	0.04	-1.33

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 6. Moderated Multiple Regression in PROCESS to Investigate Interaction Between Dissatisfaction with Public Services and Parenting Self-Efficacy.

Variable	<i>b</i>	SE <i>b</i>	<i>t</i>
Dissatisfaction with Public Services	0.14	0.33	0.41
Parenting Self-Efficacy	0.13	0.08	1.66
Dissatisfaction with Public Services X Parenting Self-Efficacy	-0.1	0.05	-1.96

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 7. Moderated Multiple Regression in PROCESS to Investigate Interaction Between Race-Related Stress and Parenting Self-Efficacy.

Variable	<i>b</i>	SE <i>b</i>	<i>t</i>
Race-Related Stress	-0.04	0.03	-1.37
Parenting Self-Efficacy	0.17	0.09	1.94
Race-Related Stress X Parenting Self-Efficacy	0.00	0.00	0.74

* $p < .05$, ** $p < .01$, *** $p < .001$.

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Dissertation Title: *Parenting Under Stress: Examining the Protective Role of Parenting Self-Efficacy in a High Risk Environment*
Dissertation Chair: Karen Christoff, Ph.D

July 2015-June 2016

Doctoral Internship in Clinical Psychology (APA-accredited)
Kennedy Krieger Institute/Johns Hopkins University School of Medicine
Baltimore, MD

May 2014

Master of Arts
Clinical Psychology
University of Mississippi, University, Mississippi

May 2007

Bachelor of Arts
Psychology, Magna Cum Laude
Texas A&M University, College Station, Texas

Certifications:

Passed *Examination for the Professional Practice of Psychology (EPPP)* at Doctoral Level, July 2014.
Qualified Mental Health Professional Certification Spring 2009
Qualified Mental Retardation Professional Certification Fall 2007
QPR Certification (Suicide Prevention) Fall 2006

Membership in Professional Organizations:

American Psychological Association
Association for Behavioral and Cognitive Therapies
Association for Behavioral Analysis International

Clinical Experience:**July 2015-June 2016***Doctoral Intern***Kennedy Krieger Institute, Johns Hopkins School of Medicine, Baltimore, MD**

- First rotation: Neurobehavioral Outpatient Clinic, which provides services to children with severe behavioral disorders. Responsibilities include identifying and assessing target problem behaviors; developing treatment plans to decrease those behaviors; designing plans to increase desirable behaviors; training parents, school staff, and other care providers to carry out treatment recommendations and plans; and assisting parents and other care providers in accessing community support services. Common behaviors treated include self-injurious behavior, aggression, destructive behavior, elopement, pica, and restrictive and repetitive behavior.
- Second rotation: Pediatric Developmental Disorders Clinic, which provides behavioral services to children suspected of having developmental delays or disorders. Responsibilities include assessing challenging behaviors and providing consultation and intervention to families so that their children's behaviors become more manageable. Common behaviors treated include: tantrums, noncompliance, aggression, elopement, toileting deficits, sleep problems, anxiety, habit disorders and mild self-injury. Interventions focus on empirically-based approaches to promote more positive behaviors and to decrease or eliminate problematic behaviors.

August 2011-May 2013**August 2014-May 2015***Graduate Student Therapist***Psychological Services Center, The University of Mississippi, MS**

Responsibilities include conducting screenings and intake interviews; providing individual and group therapy to children, parents, and young adults with a variety of presenting problems including mood and anxiety disorders, disruptive behavior disorders, and developmental disorders; attending weekly supervision meetings and providing and receiving feedback during weekly meetings.

Supervisors: John Young, Ph.D., Karen Christoff, Ph.D., Stefan Schulenberg, Ph.D.

July 2014-June 2015*Psychology Assessment Intern*

Autism Center of North Mississippi, Tupelo, MS

Responsibilities included completing two to three comprehensive diagnostic assessments per month, including providing feedback and attending IEP meetings. The majority of referrals were from local school districts regarding children who were suspected of having an emotional disorder or a developmental disability.

Supervisor: Scott Bethay, Ph.D

August 2013-May 2014

Assessment Practicum

Psychological Assessment Center, The University of Mississippi, MS

Responsibilities included completing four comprehensive assessments within the Psychological Assessment Center, attending weekly assessment supervision meetings, engaging in the peer review of team member assessments, and working in the Office of Student Disabilities as a verification specialist, which involved recommending student accommodations based on review of psychological assessments.

Supervisor: Dr. Scott Gustafson, Ph.D

July 2013-July 2014

Psychology Intern

North Mississippi Regional Center (NMRC), Oxford, MS

NMRC is an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR) with varying levels of care, where my responsibilities included providing counseling services; writing and creating behavior plans; providing applied behavior analysis therapy; conducting assessments of current residents and prospective residents (intellectual, adaptive behavior skills, medication side-effects, dementia); and assisting individuals with communication devices and social skills.

Supervisor: Dr. Scott Bethay, PhD.

August 2012-May 2014

Behavioral Consultant

Behavior, Attention, and Developmental Disabilities Consultants, LLC, Clarksdale Municipal School District, Clarksdale, MS

As a Behavioral Consultant to the school district, responsibilities include conducting assessments (full battery, functional behavior, risk assessment); providing teacher and classroom consultations; providing in-services; monitoring ABA/discrete trial programs; and providing classroom supports for children with developmental disabilities.

Supervisors: Emily Thomas-Johnson, Ph.D., BCBA-D and Sheila Williamson, Ph.D, BCBA-D.

February 2012-August 2013

Therapist in Applied Behavior Analysis (ABA)

Private residence, Oxford, MS

Provided weekly in-home ABA therapy for a young child with autism for a year and a half.

Supervisor: Corinn Johnson, M.A.

July 2011-July 2012

Education and Research Intern/Research Assistant

Education and Research, The Baddour Center, Senatobia, MS

The Baddour Center is a private residential facility for adults with mild to moderate intellectual disabilities. While there, my responsibilities included individual therapy; group therapy (grief, roommates, social skills, disability support); staff training; conducting assessments (intellectual, adaptive behavior, medication side-effects, dementia, social skills, functional behavior); developing and implementing behavior plans; and various research projects.

Supervisor: Shannon L. Hill, Ph.D.

July 2008-July 2010

Mental Health Crisis Screener

Treatment & Assessment Services, Houston, TX

Duties included providing on call mental health crisis screenings to local hospitals and jail facilities in Burleson and Grimes County, facilitating crisis resolution, and coordinating hospital placement when appropriate.

Supervisor: Lawrence Story

January 2008-July 2010

Child & Adolescent Mental Health Caseworker

Full Time Position

Mental Health Mental Retardation Brazos Valley, Bryan, TX

MHMR Brazos Valley is a public non-profit community mental health center. Responsibilities as a child & adolescent mental health caseworker included providing service coordination and intensive skills training for children and adolescents with mental illness and severe behavioral disturbances.

Supervisor: Linda Snyder, M.S.

October 2007-July 2008

Service Coordinator

Full Time Position

Mental Health Mental Retardation Brazos Valley, Bryan, TX

MHMR Brazos Valley is a public non-profit community mental health center. Responsibilities as a service coordinator included providing service coordination for clients with intellectual disabilities, which consisted of developing personal service

plans, visiting clients monthly, attending medication clinic visits, and serving as a liaison between the client, their guardian, doctors, and service providers.

Supervisor: Jermaine East, M.S.

Volunteer Experience:
July 2013

Camp Counselor

Camp BOLD

Worked as a counselor for a summer day camp for children with autism spectrum and other developmental disorders and was paired one-on-one with an individual with an autism spectrum disorder.

August 2006-August 2007

HelpLine Volunteer

Student Counseling HelpLine, Texas A&M University

The HelpLine provides information, referral, support, and crisis assessment and intervention for A&M students and those concerned about A&M students. Duties included completing forty hours of training on mental health issues, attending weekly supervision groups, volunteering for at least one shift per week and one weekend a month, and participating in continuing mental health education lectures throughout the semester.

Supervisor: Susan Vavra, M.S.

Research Experience:
Fall 2012-Spring 2013

Research Assistant: University of Mississippi Center for Contextual Psychology, University, MS.

Under the direction of Kelly Wilson, Ph.D.

Assisted in the development and activities of the research team. Duties included overseeing undergraduate research assistants, conducting ethics trainings, peer review, mentoring undergraduate research assistants, and organizing conference presentations.

Fall 2010-Spring 2011

Research Assistant: University of Mississippi, University, MS.

Under the direction of John Young, Ph.D.

MYPAC provides an array of services for Mississippi youth with Serious Emotional Disturbance as an alternative to traditional Psychiatric Residential Treatment Facilities. Duties included traveling to MYPAC sites around the state of Mississippi and administering psychometric batteries to parents and children receiving services.

Fall 2010-Spring 2011

Research Assistant: University of Mississippi, University, MS.

Under the direction of Stefan Schulenberg, Ph.D.

The BP Behavioral Health Grant project involves collaborating with nineteen mental health agencies along the Mississippi Gulf Coast to assess psychological variables, services provided, and treatment outcomes in the wake of the Gulf Oil Spill. Duties included constructing psychometric batteries, contacting assigned mental health sites to coordinate the use of the batteries, and visiting sites to distribute the batteries and provide information on how to administer them.

Summer 2009-Fall 2009

Research Assistant: Project ABC, Texas A&M University, College Station, TX.

Under the direction of Jeffrey Liew, Ph.D.

Project ABC examines the social, emotional, and personality aspects of human development, with a focus on early childhood. Duties included watching videos of parent/child interactions, coding them for measures of parent affect, and running reliability tests on coded data.

Fall 2007

Research Assistant: Eating Disorders Lab, Texas A&M University, College Station, TX.

Under the direction of Marisol Perez, Ph.D.

Received training in the Cognitive Dissonance Body Image Program and assisted in leading the Body Image Program in a local sorority.

Fall 2005-Spring 2006

Research Assistant: Couple Lab, Texas A&M University, College Station, TX.

Under the direction of Douglas K. Snyder, Ph.D

Duties included watching and coding videos of couple interactions, entering coded data into an electronic database and performing topic specific article searches and wrote research briefs based on findings.

Teaching/Training Experience:

Fall 2013

Faculty Training for Clarksdale Municipal School District

While working as a behavior consultant for the district, I developed an inservice presentation on Attention Deficit Hyperactivity Disorder and presented it to each of the seven schools in the district over the course of the fall semester.

Spring 2013

Teaching Assistant

University of Mississippi, University, MS
Psychology of Learning
Instructor: Kelly G. Wilson, Ph.D.
I led bi-weekly review sessions; tutored students upon request; and created, administered, and graded examinations, quizzes, and extra credit assignments.

Fall 2012

Teaching Assistant

University of Mississippi, University, MS
Undergraduate Stress in the Modern World
Instructor: Kelly G. Wilson, Ph.D.
Created, administered, and graded examinations and papers.

Fall 2012

Education and Research Intern at The Baddour Center:

The Baddour Center, Senatobia, MS
Conducted inservice trainings for vocational staff members on positive behavior support in residential workshops.
Supervisor: Shannon Hill, Ph.D.

Ad-Hoc Reviewing:

In J.M. Sattler (Ed.), *Foundations of Behavioral, Social, and Clinical Assessment of Children*. La Mesa, CA: Jerome M. Sattler, Publisher, Inc.

- § Reviewed chapters three and eight in the 6th edition of this textbook.
- § Listed in the acknowledgements section of the text

Presentations at Scholarly Meetings:

Alessandri, F., Magee, L., Schultz, K.V., Christoff, K.A (2014, November). *How Do Interpersonally Secure, Fearful, Preoccupied, and Dismissing Young Adults Differ on Their Reports of Loneliness, Social Interaction, and Parental Rearing Styles?* Poster to be presented at the 48th Annual Convention of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Schultz, K. V., Magee, L., & Christoff, K. A. (2014, November). *Greek affiliation and body image: Are women in sororities less satisfied?* Poster session to be presented at the 48th Annual Convention of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Schultz, K. V., Magee, L., & Christoff, K. A. (2014, November). *Examining racial differences in weight-related attitudes among males*. Poster session to be presented at the 48th Annual Convention of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Magee, L., Alessandri, A., Christoff, K.A. (2014, November). *Health Behaviors in*

College Students: Does Religion Play a Role? Poster to be presented at the 48th Annual Convention of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Magee, L., Christoff, K.A. (2013, September). *Childhood Internalizing Disorders: Prevalence, Assessment, & Treatment*. Poster presented at the 65th Annual Convention of the Mississippi Psychological Association, Biloxi, MS.

Magee, L., Nassar, S., Berkout, O., Wilson, K. & Kellum, K. (2013, May). *Preliminary Psychometric Properties of the Valued Living Questionnaire-II: An Expanded Measure of Values and Committed Action*. Symposium presented at the 39th Annual Convention of the Association for Behavior Analysis, Minneapolis, MN.

Schulenberg, S. E., Davis, R. E., & Magee, L. J. (2011, June). *Logotherapy and psychological assessment: Integrating theory with research and practice*. Paper presented at the Eighteenth World Congress on Viktor Frankl's Logotherapy, Dallas, TX.

Honors:

University of Mississippi Graduate School Honors Fellowship, 2010-2015
Two-hundred hour service award Student Counseling HelpLine Spring 2007
President's Volunteer Service Award Fall 2006
National Dean's List Member Spring 2005
Liberal Arts Foundation Scholarship Fall 2005
National Society of Collegiate Scholars Member Spring 2004-2007

References:

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